

APPLICATION DATA SHEET**Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	No
Number of CD Disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	0
Title::	CATHETER FOR TRANSDIAPHRAGMATIC PRESSURE AND DIAPHRAGM ELECTROMYOGRAM RECORDING USING HELICOIDAL ELECTRODES
Attorney Docket Number::	BKP-010
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	8
Small Entity?::	Yes
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	--
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Mohamad
Middle Name::	--
Family Name::	Sawan

Name Suffix:: --
City of Residence:: Laval, Québec
State or Province of Residence:: --
Country of Residence:: Canada
Street of Mailing Address:: 597, Bord de l'eau
City of Mailing Address:: Laval, Québec
State or Province of Mailing Address:: --
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H7X 1T9

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Francois
Middle Name:: --
Family Name:: Bellemare
Name Suffix:: --
City of Residence:: Longueuil, Québec
State or Province of Residence:: --
Country of Residence:: Canada
Street of Mailing Address:: 1883, rue Grisé
City of Mailing Address:: Longueuil, Québec
State or Province of Mailing Address:: --
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H2W 1T8

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Jérôme
Middle Name:: --
Family Name:: Dido

Name Suffix:: --
City of Residence:: Paris
State or Province of Residence:: --
Country of Residence:: France
Street of Mailing Address:: 63, rue Vercingetorix
City of Mailing Address:: Longueuil, Paris
State or Province of Mailing Address:: --
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: 75014

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Tommy
Middle Name:: --
Family Name:: Désilets
Name Suffix:: --
City of Residence:: Montréal, Québec
State or Province of Residence:: --
Country of Residence:: Canada
Street of Mailing Address:: 5785, avenue Darlington
City of Mailing Address:: Montréal, Québec
State or Province of Mailing Address:: --
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H3S 2H6

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323